#### IN THE LINITED STATES PATENT AND TRADEMARK OFFICE

# RESPONSE UNDER RULE 116 EXPEDITED HANDLING PROCEDURES

In re Patent Application of

Atty BJS-3665-166 Dkt.

Dkt. C# M#

 EINSTEIN et al.
 TC/A.U.
 1642

 Serial No. 10/560.723
 Examiner: Aeder

Filed: December 15, 2005 Date: April 28, 2008

Title: PROSTATE SPECIFIC GENES AND THE USE THEREOF AS TARGETS FOR

PROSTATE CANCER THERAPY

#### Mail Stop AF

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

### RESPONSE/AMENDMENT/LETTER

This is a response/amendment/letter in the above-identified application and includes an attachment which is hereby incorporated by reference and the signature below serves as the signature to the attachment in the absence of any other signature thereon.

# $\hfill \square$ Correspondence Address Indication Form Attached.

#### Fees are attached as calculated below:

Total effective claims after amendment 0 minus highest number

previously paid for 20 (at least 20) =  $0 \times 50.00$ 

Independent claims after amendment 0 minus highest number

\$0.00 (1201)/\$0.00 (2201) \$

previously paid for 3 (at least 3) = 0 x \$210.00

); add

\$0.00 (1202)/\$0.00 (2202) \$

If proper multiple dependent claims now added for first time, (ignore improper); add \$370.00 (1)

\$370.00 (1203)/\$185.00 (2203) \$
Petition is hereby made to extend the current due date so as to cover the filing date of this

paper and attachment(s)

One Month Extension \$120.00 (1251)/\$60.00 (2251)

Two Month Extensions \$460.00 (1251)/\$230.00 (2251)

Three Month Extensions \$1050.00 (1253/\$525.00 (2253) Four Month Extensions \$1640.00 (1254/\$820.00 (2254)

Five Month Extensions \$2,230.00 (1255/\$1115.00 (2255) \$ 460.00

Terminal disclaimer enclosed, add \$130.00 (1814)/\$65.00 (2814) \$

☐ Applicant claims "small entity" status. ☐ Statement filed herewith

Rule 56 Information Disclosure Statement Filing Fee

\$180.00 (1806) \$

Assignment Recording Fee

\$40.00 (8021) \$ 0.00 \$ **0.00** 

Other:

TOTAL FEE PAID ELECTRONICALLY BY CREDIT CARD \$ 460.00

## CREDIT CARD PAYMENT FORM ATTACHED.

The Commissioner is hereby authorized to charge any <u>deficiency</u>, or credit any overpayment, in the fee(s) filed, or asserted to be filed, or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Account No. 14-1140. A dublicate copy of this sheet is attached.

901 North Glebe Road, 11th Floor Arlington, Virginia 22203-1808 Telephone: (703) 816-4000 NIXON & VANDERHYE P.C. By Atty: B. J. Sadoff, Reg. No. 36,663

Facsimile: (703) 816-4100 BJS:

Signature: /B. J. Sadoff/

0.00